

**WHO-FIC NETWORK MEETING**

Tokyo, Japan  
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**WHO-FIC Education Committee: A Status Report, 2004-2005**

Marjorie S. Greenberg, Chair  
National Center for Health Statistics, Centers for Disease  
Control and Prevention, Hyattsville, MD, USA

**Recommendations:**

- All WHO-FIC Committees should develop informational brochures
- WHO should post the Acronyms and Abbreviations document on the WHO-FIC Network website with hyperlinks
- WHO-FIC Committees should develop answers to “Frequently Asked Questions” for inclusion on the WHO-FIC website with hyperlinks
- Other recommendations will be presented in separate reports

**Abstract:**

*The WHO-FIC Education Committee was established at the 2003 WHO-FIC Network meeting in Cologne, Germany, as a successor to the Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee. New terms of reference were developed at the Cologne meeting to reflect generic tasks for education and training on the International Statistical Classification of Diseases and Related Health Problems (ICD) and the International Classification of Functioning, Disability and Health (ICF). Specific tasks have been agreed for both ICD and ICF. The principal ICD tasks relate to an international training and certification program for ICD-10 mortality and morbidity coders; this program is being developed in conjunction with the International Federation of Health Records Organizations (IFHRO), a non-governmental organization in official relations with WHO. A Joint WHO-FIC – IFHRO Committee was established in late 2004 to carry forward this work (see separate paper). The Joint Committee held its first meeting in Bethesda, MD in May 2005, in cooperation with the WHO-FIC Education Committee. Regarding ICF tasks, the Education Committee is working closely with the WHO-FIC Implementation Committee. During 2005, two major ICF activities were pursued. The pilot test for the ICF Information Collection project was launched and refined, and a workshop on ICF was held in Bangkok, Thailand (see separate papers).*

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WHO-FIC 2005/No.

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## Introduction

The WHO-FIC Education Committee was established at the 2003 WHO-FIC Network meeting in Cologne, Germany, as a successor to the Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee. New terms of reference were developed at the Cologne meeting to reflect generic tasks for education and training on the International Statistical Classification of Diseases and Related Health Problems (ICD) and the International Classification of Functioning, Disability and Health (ICF). Specific tasks have been agreed for both ICD and ICF (see Terms of Reference in appendix 1). The principal ICD tasks relate to an international training and certification program for ICD-10 mortality and morbidity coders; this program is being developed in conjunction with the International Federation of Health Records Organizations (IFHRO), a non-governmental organization in official relations with WHO. A Joint WHO-FIC – IFHRO Committee was established in late 2004 to carry forward this work (see separate paper). The Joint Committee held its first meeting in Bethesda, MD in May 2005, in cooperation with the WHO-FIC Education Committee. Regarding ICF tasks, the Education Committee is working closely with the WHO-FIC Implementation Committee. During 2005, two major ICF activities were pursued. The pilot test for the ICF Data Collection project was launched and refined, and a workshop on ICF was held in Bangkok, Thailand (see separate papers). The Committee also has a number of crosscutting activities to publicize and disseminate its work and provide educational resources to the WHO-FIC Network.

This paper provides a summary report of the Committee's activities and progress since the 2004 meeting in Reykjavik, Iceland. Separate papers will provide greater detail and recommendations on key aspects of the Committee's work plan. Related documents can be found on the Committee's web site at:

[http://www.cdc.gov/nchs/about/otheract/icd9/nacc\\_ed\\_committee.htm](http://www.cdc.gov/nchs/about/otheract/icd9/nacc_ed_committee.htm)

## ICD-10 International Training and Certification Program

### *Accomplishments in 2004*

Significant progress was made in 2004 to establish an international training and certification program for ICD-10 mortality and morbidity coders. The Education Committee developed core curricula to serve as a guide for training materials and a benchmark for reviewing existing materials. Drawing on the findings from needs assessment questionnaires, a business plan for the international training and certification program also was developed. Approximately 100 countries, representing every WHO region, responded to the questionnaires, providing the first known comprehensive view

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of the coder workforce internationally. The responses indicated broad support for the proposed international program to improve coding practice. At their respective meetings in October 2004, both the IFHRO General Assembly and the WHO-FIC Network endorsed the core curricula and business plan. As recommended in the business plan, both groups committed to establishing a Joint WHO-FIC – IFHRO Committee to carry the work forward.

#### *Establishment of Joint Committee*

The Joint Committee (JC) includes three members appointed by IFHRO and three representatives of the WHO-FIC Education Committee; the Chair of the Education Committee is ex officio. The full membership was finalized in June 2005. The Joint Committee held its first conference call in December 2004 and has held four additional conference calls during 2005. A face-to face meeting was held in Bethesda, MD on May 9-10. Minutes are available for all calls and meetings.

#### *Call for Training Materials*

The Joint Committee developed a Call for ICD-10 training materials, which was circulated in March 2005, with preliminary results shared at the May meeting. Members of the JC and EC currently are reviewing these materials, using the core curricula as a benchmark, and assessing adequacy and gaps. Details of this and other activities by the JC are contained in a separate paper by Margaret Skurka (IFHRO) and Sue Walker (WHO-FIC), co-leads for the Committee.

#### *Recognition of Trainers*

A workgroup of the JC was formed at the May meeting to define the process for recognition of ICD-10 trainers, and to advance the development of a standard application form for candidates seeking recognition as trainers. The workgroup will present its progress at the 2005 WHO-FIC Network meeting.

#### *Assessment of practicing coders*

A second workgroup was formed to recommend a process for testing and certifying existing underlying cause-of-death coders. This workgroup also will present its progress at the 2005 WHO-FIC Network meeting. A third workgroup will build on this work to recommend a process for testing and certifying existing morbidity coders. The goal is to issue the first certificates at the 15<sup>th</sup> IFHRO Congress in May 2007, which will be hosted by the Korean Medical Record Association in Seoul, Korea. New coders seeking certification will need to demonstrate successful completion of approved courses in the core curricula offered by recognized trainers or training institutions; the full process has not yet been determined.

*Resources*

Participants in the May meeting discussed the need for financial support and related resources. The development of the program, to date, has been by volunteer members of the EC and JC. The National Center for Health Statistics, U.S. Centers for Disease Control and Prevention hosts the conference calls and has supported the mid-year meetings, including travel for international participants. However, a fully operational program will require dedicated resources. An Infrastructure Workgroup will be established in Tokyo to:

- Identify areas that require resources
- Develop a budget
- Identify potential sources of funds
- Recommend approaches for seeking funding

*Development of structured, computerized training courses*

During the May meetings, the JC and EC members discussed interest by WHO and others in developing structured computerized training courses on ICD-10 coding. These courses eventually might meet some of all of the requirements for certification. Various countries shared some of their experiences in attempting to automate ICD-10 training and noted that it had proven to be a very difficult task. The most successful approaches seemed to be a combination of web-based / CDROM training paired with actual classroom time. An Interest/Work Group on web-based training was organized to share experiences, offer mutual support, recommend best practices and provide advice to WHO.

*Relationship of Joint Committee with Education Committee*

A number of members of the Education Committee (EC) are supporting the work of the Joint Committee and participated in the May meeting, as well as several conference calls. A one-day meeting of the Education Committee followed the Joint Committee meeting on May 11. Members of the JC agreed also to become members of the EC.

**Other ICD-related Education and Training Needs**

The Education Committee Terms of Reference for ICD include identifying groups requiring education and training in the proper completion of source documents (e.g., death certificate, health record). Several members of the Education Committee have expressed interest in an international effort to solicit, review and approve training materials for training certifiers as additional tasks for the Joint Committee/Education Committee. Development of a core curriculum would be a necessary first step. This

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will be included on the EC agenda in Tokyo. The Committee heard at its May meeting about a European project, funded by Eurostat, to develop a generalized training package on causes of death certification (<http://europa.eu.int/comm/eurostat/deathcert/>). Other countries also reported on their efforts. The participants suggested that the MRG, ICE Planning Committee and EC plan a joint meeting to talk about training for those who produce the source documents. This may also be a topic of interest to the Hospital Data Working Group.

### **ICF Education and Training**

#### *Information Collection and Sharing*

The Education Committee met with the WHO-FIC Implementation Committee (IC) in Reykjavik to discuss joint projects and strategies for promoting ICF education and training worldwide. It was agreed that the strategies of the two committees should be closely aligned. The highest priority was given to sharing information in a structured way on ICF applications and training materials. The two Committees, with leadership from the Australian Collaborating Centre, developed a framework for collecting information that can be posted on the WHO-FIC website and the websites of the Collaborating Centres. An initial pilot study was held in early 2005 to test the feasibility and utility of gathering the information in a structured way, using a Word document. Information was received from ten countries on 28 forms. A second phase of the project was initiated in July 2005, when persons were requested to enter information into a revised format that had been expanded to include data on electronic tools and was posted on the WHO-FIC Collaborative Workspace. A separate paper describes the full experience of the pilot project.

#### *Raising ICF Awareness*

In Reykjavik, the EC and IC agreed to focus on activities to raise ICF awareness and to explore holding an educational session in 2005 in one country not represented by a collaborating centre. An opportunity to achieve this objective arose when the WHO-FIC Network colleagues from Thailand invited the Planning Committee to hold its mid-year meeting in Bangkok. In collaboration with the Sirindhorn National Medical Rehabilitation Centre, a two-day "ICF Workshop Thailand" was held on May 2-3 with approximately 84 participants. The purposes of the workshop were to provide practical information on ICF tools and applications worldwide and to facilitate development of an action plan for implementation of ICF in Thailand. The EC Chair served as Chair of the Workshop, which included presentations by WHO staff, the IC co-chair, Thai colleagues and other members of the Network. Break-out sessions identified directions

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and actions for ICF implementation. A separate paper by Greenberg and de-Kleijn will be presented and discussed in Tokyo. During the Reykjavik meeting, the EC Chair proposed development of an international strategy for raising ICF awareness. Further discussion will take place in Tokyo.

*Other ICF education projects*

In a paper presented by the EC Chair in Reykjavik, the following other priority projects were proposed for future consideration:

- Identification of best practices and gaps in ICF training
- Conduct a needs assessment to identify groups requiring ICF training and objectives of training
- Development of core curricula for ICF training
- Explore need for international certification of ICF coders or training materials

**Publicizing the Work of the Committees**

*Brochures*

The Subgroup on Training and Credentialing developed an initial brochure in 2003 as part of a campaign to raise awareness of its activities. The EC continued development of the brochure, with technical assistance from NCHS, and in 2004 recommended that all WHO-FIC committees consider developing similar brochures to inform others about the work of the WHO-FIC Network and its committee structure. The Joint Committee believes that a separate brochure to assist with marketing and disseminating information about the ICD-10 International Training and Certification Program also would be useful. Finally, the EC has offered to work with the Implementation Committee on ICD and ICF brochures. Discussion of how to proceed with development, production and dissemination of these various brochures will continue in Tokyo.

*Presentations*

Members of the EC and JC have made several presentations about the ICD-10 International Training and Certification program and will continue to do so. Details are provided in the paper by Skurka and Walker.



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## **Educational Activities for the WHO-FIC Network**

### *Induction Session at 2004 WHO-FIC Network Meeting*

An “induction session”, principally for first-time attendees, is planned at the 2005 WHO-FIC Network meeting; the first session of this kind was held in Reykjavik. The EC is organizing the session, which will familiarize attendees with the WHO-FIC, its Network of collaborating centres, and the organization of the annual meeting.

### *Abbreviations, Acronyms and Definitions*

In 2004, the Education Committee developed a list of abbreviations and acronyms relevant to the WHO-FIC Network as an educational tool for participants in Network meetings. The second version of the list, which is a “living document” and can be updated and expanded on an annual basis, is contained in appendix 2. The Education Committee again recommends that this document be posted on the WHO-FIC Network website with hyperlinks wherever possible.

### *Frequently Asked Questions*

The WHO-FIC Network website has a place for frequently asked questions (FAQ’s), but currently only a few questions are posted. The Education Committee has volunteered to develop additional questions, and a first draft is contained in appendix 3. Other Committees are asked to develop their own FAQ’s on their work efforts, with appropriate links to the respective committee.

## **Summary**

The WHO-FIC Education Committee, in collaboration with IFHRO, continues to make important progress in developing an international training and certification program for ICD-10 mortality and morbidity coders. The Committee also is making progress in integrating ICF education and training into its work plan. Although the Committee has proven its ability to carry out considerable developmental work with limited external resources, additional resources will be needed by the WHO-FIC Network, IFHRO and others to execute the plans that are developed and to assure that adequate training and quality assurance in the use of both ICD and ICF are available worldwide. Approaches for expanding resources should be included in the WHO Business Plan for Classifications.

## Appendix 1

***Terms of Reference******WHO-FIC Education Committee*****Purpose**

Assist and advise WHO and the WHO-FIC Network in improving the level and quality of use of the WHO Family of International Classifications (WHO-FIC) in Member States by developing an education, training and credentialing strategy for the WHO-FIC, identifying best training practices and providing a network for sharing expertise and experience on training. The first priority will be for the reference terminologies, ICD and ICF.

**Background**

The Subgroup on Training and Credentialing of the WHO-FIC Implementation Committee was established at the 1999 meeting of Heads of Collaborating Centres in recognition of:

- The critical role of education and training for the successful implementation, use and maintenance of a classification system and for the quality of data produced
- The opportunities for sharing and strengthening education and training in members of the Family of International Classifications through international efforts, and
- The resulting benefits for comparability of national and international statistics

The Subgroup was established specifically to:

- Advise WHO and the WHO Regional Offices on best training practices
  - Provide a network for sharing expertise and experiences on training
  - Work with WHO Regional Offices in identifying needs for skills and training in countries both covered and not covered by Collaborating Centres
  - Address the unique issues concerning mortality medical coders and nosologists in an automated environment
  - Explore the possibilities for developing an international training and credentialing program for coders of WHO-FIC classifications
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- Make recommendations to WHO and the WHO-FIC Collaborating Centres through the WHO-FIC Implementation Committee.

Following the integration of ICF into the Family in 2001, the Subgroup was expanded to consider parallel and related activities for users of the International Classification of Functioning, Disability and Health. During the 2003 annual meeting, the Subgroup reorganized as the WHO-FIC Education Committee to better describe its broad mission and the role of education beyond the implementation phase of a classification.

## Functions

The primary function of the Committee is to develop an integrated educational strategy for the International Classification of Diseases and the International Classification of Functioning, Disability and Health. Other members of the Family of International Classifications will be considered as resources permit. The components of this strategy include the following functions:

1. Assessment of the needs of users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.
2. Identification of the learning objectives for educational approaches.
3. Inventory of existing educational materials and capacity.
4. Recommendations for learning content including development of core curricula
5. Recommendations for best practices for promotion and delivery of educational material.

The components of the strategy for the ICD include the following tasks:

1. Conduct needs assessments about the capacity, skills and responsibilities of ICD coders in member states
  2. Identify the additional groups requiring education and training about ICD (e.g., statisticians, epidemiologists, policymakers, relevant systems managers, physicians, other clinicians and health sciences educators and students)
  3. Identify groups requiring education and training in the proper completion of source documents (e.g., death certificate, health record)
  4. Define the skills and levels of education and training required for coders and nosologists, as well as other users of the classification
  5. Catalogue, characterize (e.g., purpose, subject, language, availability, media and technology) and disseminate information on current educational and training
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- curricula and modules for the ICD, and identify gaps and methods for filling them
6. Review existing training materials and the mechanisms for their dissemination and identify best practices
  7. Gather information from Collaborating Centres and Regional Offices on capacity for ICD-10 training in WHO member states
  8. Explore national and international organizations (e.g., the International Federation of Health Records Organizations) with which coders and nosologists can affiliate
  9. Explore the capacity of these organizations to support an international training and credentialing program
  10. Identify approaches for assuring that training and credentialing are dynamic processes, responsive to changes in medical science, technology, coding rules, etc.

The components of the strategy for the ICF include the following tasks:

1. Liaise with Implementation Committee concerning applications and intended applications of ICF in order to identify educational needs.
2. Identify the groups requiring education and training about ICF (e.g., coders, statisticians, epidemiologists, policymakers, administrators, relevant systems and program managers, clinicians, survey developers, health sciences educators and students, consumers) the objective of the required education and the need for training trainers.
3. Catalogue, characterize (e.g., purpose, audience, content, language, availability, media and technology) and disseminate information on existing educational materials for ICF applications.
4. Create a database on educational products based on the Framework agreed by the Implementation and Education Committees and provide ongoing maintenance.
5. Review existing training materials and the mechanisms for their dissemination and identify best practices. Identify gaps and methods for filling them.
6. Provide advice on best practices to developers of ICF educational materials.
7. Explore the capacity of Collaborating Centres and Regional Offices for providing ICF education in WHO member states.
8. Explore the need for international credentialing of those trained to use ICF as a coding and classification system or of ICF training materials. Identify a support network or mechanism.

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9. Identify approaches for assuring that training and credentialing are dynamic processes, responsive to changes in medical science, disability policy, technology, coding rules, etc. Explore different approaches to training, e.g., face-to-face, E-learning.

### **Structure and Working Methods**

The Subgroup should have an integrated mandate of WHO-FIC education, although the nature and phase of different members of WHO-FIC may differ in different countries. If necessary, different work groups may be formed on specific WHO-FIC classifications so as to address different issues.

The structure of the Subgroup should involve permanent members from WHO (including the regional offices) and each collaborating centre who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the functions specified above.

Membership is open to Regional Offices and all Collaborating Centres with national and regional responsibilities for WHO-FIC implementation. All WHO-FIC centers may nominate participants and beyond the permanent members additional participants may take part in committee meetings as observers.

The chair should preferably be a single person to emphasize the integration of WHO-FIC implementation.

The Subgroup should develop an annual work plan, which lists in detail aims, activities, deliverables, timelines and responsibilities for addressing the terms of reference.

Working methods should include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC HOC. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings.

October 2004

## Appendix 2

**WHO Family of International Classifications Education Committee  
Abbreviations and Acronyms**

<b>Term</b>	<b>Meaning</b>
ABS	Australian Bureau of Statistics
ACBA	Australian Coding Benchmark Audit
ACCS	Automated Cause Coding Software
ACHI	Australian Classification of Health Interventions (Vols. 3 and 4 of ICD-10-AM)
ACME	Automated Classification of Medical Entities
AFRO	Regional Office for Africa of the World Health Organization
AHIMA	American Health Information Management Association
AIHW	Australian Institute of Health and Welfare
AMRO	Regional Office for the Americas of the World Health Organization
ATC/DDD	Anatomical Therapeutic Chemical Classification System with Defined Daily Doses
CAM	Complementary and Alternative Medicine
CAP	College of American Pathologists
CAT	Classifications and Terminology section of WHO Headquarters, Secretariat to the WHO-FIC Network
CBCD	Centro Brasileiro de Classificação de Doenças (Brazilian Collaborating Center)
CCAM	Classification Commune des Actes Medicaux
CCI	Canadian Classification of Health Interventions
CCI	La Classification Canadienne des Interventions
CCSA	Clinical Coders' Society of America
CDC	Centers for Disease Control and Prevention (USA)
CEMECE	Centro Mexicano para la Clasificación de Enfermedades (Mexican Center for Classification of Diseases)
CEN	European Committee for Standardization
CEVECE	Centro Venezolano para la Clasificación de Enfermedades (Venezuelan Center for Classification of Diseases)
CHIMA	Canadian Health Information Management Association
CID (CID-10)	Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde
CID-O-3	Classificação Internacional de Doenças para Oncologia – Terceira Edição

CIE	Clasificación Internacional de Enfermedades
CIE-10	Clasificación Internacional de Enfermedades y Problemas Relacionados con la Salud
CIE-O-3	Clasificación Internacional de Enfermedades para Oncología – Tercera Edición
CIE-9-MC	Clasificación Internacional de Enfermedades, 9a Revisión, Modificación Clínica (Spanish version of ICD-9-CM)
CIF	Clasificación Internacional del Funcionamiento, de la Discapacidad y de la Salud Classification internationale du fonctionnement, du handicap et de la santé Classificação Internacional de Funcionalidade, Incapacidade e Saúde
CIHI	Canadian Institute for Health Information
CIM (CIM-10)	Classification statistique internationale des maladies et des problèmes de santé connexes
CIM-10-CA	Classification statistique internationale des maladies et des problèmes de santé connexes dixième version, Canada
CPT	Current Procedural Terminology (U.S.)
CRAES	Comité Regional Asesor en Estadísticas de Salud (PAHO Regional Advisory Committee on Health Statistics)
CTNERHI	Centre Technique National d'Études et de Recherches sur les Handicaps et les Inadaptations (France)
DATASUS	Departamento de Informática do Sistema Único de Saúde (Brazil)
DIMDI	Deutsches Institut für Medizinische Dokumentation und Information
DPI	Disabled Peoples International
DRG	Diagnosis-Related Groups
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders – 4 <sup>th</sup> Edition
EBM	Evidence-based Medicine
EBP	Evidence-based Practice
EC	Education Committee (WHO-FIC)
EDI	Electronic data interchange
EIP	Evidence and Information for Policy (WHO cluster)
EMRO	Regional Office for Eastern Mediterranean of the World Health Organization
ETC	Electronic Tools Committee (WHO-FIC)
EU-HDP	European Union Hospital Data Project
EURO	Regional Office for Europe of the World Health Organization
FAQ	Frequently asked questions
FDC	Family Development Committee (WHO-FIC)

FIC	Family of International Classifications
Forum-CIE	Group for discussions by e-mail of issues related to mortality and morbidity coding and related themes (in Spanish)
HIMAA	Health Information Management Association of Australia
HL7	Health Level Seven - one of several American National Standards Institute (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena. Health Level Seven's domain is clinical and administrative data.
HOC	Heads of WHO Collaborating Centers for the Family of International Classifications
HRG	Healthcare Resource Group – used in the UK for casemix grouping
IARC	International Agency for Research on Cancer
IC	Implementation Committee (WHO-FIC)
ICD	International Classification of Diseases
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification (USA)
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification (USA- not yet in use)
ICD-10-GM	International Classification of Diseases and Related Health Problems, Tenth Revision, German Modification
ICD-10-PCS	International Classification of Diseases, Tenth Revision, Procedural Coding System (USA – not yet in use)
ICD-10-XM	International Statistical Classification of Diseases and Related Health Problems, 10 <sup>th</sup> Revision, International Clinical Modification (under discussion)
ICD-DA-3	Application of the ICD for Dentistry and Stomatology, 3 <sup>rd</sup> Edition
ICD-Forum	Group for discussions by e-mail of issues related to mortality and morbidity coding and related themes (in English)
ICD-NA	International Classification of Diseases, Neurology Application
ICD-O-2 or 3	ICD for Oncology, 2 <sup>nd</sup> Edition; 0-3, 3 <sup>rd</sup> Edition
ICE	International Collaborative Effort [on automating mortality statistics, on Injury Statistics] sponsored by NCHS



ICECI	International Classification of External Causes of Injuries
ICF	International Classification of Functioning, Disability and Health
ICF-CY	International Classification of Functioning, Disability and Health, Children and Youth version
ICHI	International Classification of Health Interventions
ICIDH	International Classification of Impairments, Disabilities, and Handicaps (Revised in 2001 and published as International Classification of Functioning, Disability and Health)
ICIS	Institut canadien d'information sur la santé (also CIHI)
ICPC	International Classification of Primary Care
ICPM	International Classification of Procedures in Medicine (WHO 1978)
IFHRO	International Federation of Health Records Organizations
IHRIM	Institute of Health Record and Information Management (UK)
IMIA	International Medical Informatics Association
IND	International Nomenclature of Diseases (Not currently maintained)
INSERM	Institut National de la Santé et de la Recherche Medicale
INTERCOD	Computer-assisted program for self-instruction for coding mortality and morbidity with ICD-10 developed by the Mexican Center for the Classification of Diseases and PAHO.
ISO	International Organization for Standardization
ISO 9999	Technical aids for persons with disabilities. Classification and terminology
MDG	Millennium Development Goals
MedDRA	Medical Dictionary for Regulatory Activities
MF	Mortality Forum - Group for discussions by e-mail of issues related to mortality coding (in English)
MICAR	Mortality Medical Indexing, Classification and Retrieval
MIKADO	Swedish automated coding system
MMCB	Mortality Medical Classification Branch, NCHS
MMDS	Mortality Medical Data System (US automated coding system)
MRG	Mortality Reference Group (WHO-FIC)
NACC	North American Collaborating Center
NCCH	National Centre for Classification in Health (Australia)
NCECI	NOMESCO Classification of External Causes of Injuries
NCHS	National Center for Health Statistics (USA)
NCSP	NOMESCO Classification of Surgical Procedures
NHS	National Health Service (UK)
NIC	National Interventions Classification – currently under development but will ultimately replace OPCS-4 for surgical procedures and intervention for

	the UK
NLM	National Library of Medicine (U.S.)
NOMESCO	Nordic Medico-Statistical Committee
OECD	Organization for Economic Cooperation and Development
OMS	Organisation mondiale de la Santé Organización Mundial de la Salud Organização Mundial da Saúde
ONS	Office for National Statistics (UK) Formed in 1996 by a merger of the Central Statistical Office (CSO) and the Office of Population Censuses & Surveys (OPCS)
OPCS-4	The Office of Population Censuses and Surveys' Classification of Surgical Operations 4 <sup>th</sup> Revision. The current surgical procedures classification used in the UK
OPS (OPAS)	Organization panaméricaine de la Santé Organización Panamericana de la Salud Organização Pan-Americana da Saúde
PAHO	Pan American Health Organization
RI	Rehabilitation International
RIVM	National Institute of Public Health and the Environment (Netherlands)
RUTENDON	Computer-based ICD-10 coding training, in Russian
SCB	Seleção de causa básica (automated system, Brazil)
SEARO	Regional Office for South East Asia of the World Health Organization
SNOMED	Systematized Nomenclature of Medicine
SNOMED CT	SNOMED Clinical Terms
SNOMED RT	SNOMED Reference Terminology
STC	Statistics Canada
STYX	French automated coding system
TENDON	Computer-based training package for ICD-10 produced by the WHO Collaborating Centre for the Classification of Diseases, London.
TRANSAX	Translation of axes – used to create data appropriate for either record-based analysis or person-based analysis
UC or UCOD	Underlying cause of death
UMLS	Unified Medical Language System
UN	United Nations
URC	Update Reference Committee (WHO-FIC)
WCPT	World Confederation for Physical Therapy
WFOT	World Federation of Occupational Therapists
WHO	World Health Organization

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WHO CAS	World Health Organization Classification, Assessment, Surveys and Terminology
WHO CC	World Health Organization Collaborating Center
WHO-FIC	World Health Organization Family of International Classifications
WICC	WONCA International Classification Committee
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (The short name is World Organization of Family Doctors.)
WPA	World Psychiatric Association
WPRO	Regional Office for Western Pacific of the World Health Organization
XML	Extensible Mark-up Language
YLD	Years of life lived with disability Years of life lost through disability
YLL	Years of life lost

July 31, 2005

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**Appendix 3****Suggested FAQ's for the WHO-FIC Web Site****What are the WHO Collaborating Centres for the Family of International Classifications?**

A WHO collaborating centre is a national institution designated by the Director-General of the World Health Organization to form part of an international collaborative network carrying out activities to support WHO's mandate for work on international health issues through structured programs and priorities. The WHO Collaborating Centres for the Family of International Classifications (FIC) are an international network of expert centres in health classifications, coding, and terminology development. Click on the following link for more information

[www.who.int/classifications/network/collaborating/en/index.html](http://www.who.int/classifications/network/collaborating/en/index.html).

**What is the WHO-FIC Education Committee?**

The WHO-FIC Education Committee (EC) is one of the six WHO-FIC Committees. This committee assists and advises WHO and the WHO-FIC Network in improving the level and quality of use of the WHO Family of International Classifications in member states by developing an integrated educational strategy. The Committee focuses on raising awareness of the classifications and their applications, standardized training and educational activities for users of the classifications and methods for assessment of coding ability and knowledge. Over the last several years the EC has been responsible for the development of the ICD-10 international training and certification program in collaboration with the International Federation of Health Records Organizations. Click on the following links for more information:

[www.who.int/classifications/network/collaborating/en/index.html](http://www.who.int/classifications/network/collaborating/en/index.html) or  
[http://www.cdc.gov/nchs/about/otheract/icd9/nacc\\_ed\\_committee.htm](http://www.cdc.gov/nchs/about/otheract/icd9/nacc_ed_committee.htm)

**What is the relationship between WHO and IFHRO?**

The International Federation of Health Records Organizations (IFHRO) is a non-governmental organization (NGO) in official relations with the World Health Organization (WHO). Click on the following link for more information:

<http://www.ifhro.org/>

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### FAQ's on the International Training and Certification Program

#### **What is the ICD-10 international training and certification program?**

This program encompasses international standard ICD-10 curricula for the teaching of ICD-10 morbidity and mortality coders, compilation of “gold standard” core modular approved training packages from multiple sources, and a trainer approval and coder certificate program. The final outcome of this program would be an international training and certification program for ICD coders with an expected effect of higher quality coded data and thus more accurate international and national comparability studies. The target date for issuing the first international certificates is 2007. For more information click on:

[http://www.cdc.gov/nchs/about/otheract/icd9/nacc\\_ed\\_committee.htm](http://www.cdc.gov/nchs/about/otheract/icd9/nacc_ed_committee.htm)

#### **Why has the international training and certification program been developed?**

The WHO-FIC Collaborating Centres and the International Federation of Health Records Organizations (IFHRO) have been working together since 2000 to develop an international training and certification program that will improve the quality of mortality and morbidity data and the status of ICD coders. It is envisioned that this program will also help provide coded data to users for decision-making, resource allocation, and health planning. Receipt of the certificate demonstrates achievement of coding competency within an international framework. Comparable, high quality data ultimately leads to improvement in the health of the world's population.

#### **How is an international certificate obtained?**

The specific process to receive an international certificate is under development. Check back in the latter part of 2005 for more information.

#### **Will the requirements for obtaining the international certificate be the same for a practicing coder and a new coder?**

The specific process for practicing coders to receive the international certificate has not been fully developed. It is anticipated a self-assessment and exam will be made available within a specified time period to practicing coders who have not taken an approved training package but would like to qualify for the international certificate. Subject to satisfactory completion they too would receive the international certificate. Check back in the latter part of 2005 for more information.

**What are the core curricula for the ICD-10 coding training and certification program?**

The mortality and morbidity core curricula identify the professional educational requirements for coder education. The curricula are comprised of categories, or knowledge clusters, that represent broad domains of content. Each category contains specific content areas that training materials are expected to address. The curricula's purpose is to provide a basis for ICD coder education for all countries, thereby providing appropriate learning experiences that result in the development of the competencies necessary for entry-level mortality and morbidity coding practice. The curricula are an essential element to the construction of training packages that will contribute to more standardized training and coding practice.

**What are the approved training packages?**

The approved training packages are a set of materials from multiple sources that have been approved and meet the requirements of the core curricula. Included in the core training packages are comprehensive assessments for each knowledge cluster in the core curricula. These packages are what approved trainers or nationally recognized educational institutions would use when conducting ICD-10 training.

**How do educational materials become approved as a module of the training package?**

Providers of current training programs on mortality and morbidity coding can apply to have their educational materials assessed by the joint WHO-FIC –IFHRO partnership. Approval will give coders confidence that their coding education program meets the benchmarks set by the Education Committee and IFHRO for high quality teaching and learning. Submission of ICD-10 training materials for consideration may be sent to the American Health Information Management Association, Attention: WHO-FIC/IFHRO, 233 North Michigan Avenue, Suite 2150, Chicago, Illinois, 60601, USA.

**How does someone become an approved trainer?**

Being a member of a group of approved trainers means you have met certain qualifications and are using a “gold standard” core modular training package. The process for trainer approval is under development. Check back in the latter part of 2005 for more information.

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### FAQ's on ICD

#### **Why is ICD-10 better than ICD-9?**

ICD-10 contains an increased number of codes and categories that allow for a more specific and accurate representation of current diseases and related health problems. It also is more consistent with current clinical terminology.

#### **Is switching to ICD-10 really necessary?**

Yes. Switching to ICD-10 improves the quality of health statistics and healthcare data and maintains worldwide clinical data comparability. The longer one continues to use an earlier version of ICD, the more difficult it becomes to compile and share accurate disease and mortality data at a time when such global data sharing is critical for public health.

### FAQ on ICF

#### **What are some sources for information about current and potential ICF applications?**

The Australian Institute of Health and Welfare has developed a Users Guide. It can be accessed free of charge at [www.aihw.gov.au/publications/index.cfm/title/9329](http://www.aihw.gov.au/publications/index.cfm/title/9329). The NACC ICF Clearinghouse Newsletters are available at <http://www.cdc.gov/nchs/about/otheract/icd9/icfactivities.htm>.

### FAQ on Terminologies

#### **Can SNOMED-CT® be used for coding instead of ICD-10?**

The two systems are designed for different uses in the healthcare system. ICD-10 is needed to facilitate retrieval of coded data at the desired level of detail depending on the purposes for which the data are being used. SNOMED CT® is designed to work in an electronic health record rather than in the paper-based health record systems. Clinical terminology codes lack the “power of summary” found in classification systems for administrative reporting such as statistical reporting and reimbursement.